DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #85 (0010596)

Address: 1500 S EDGEWATER DRIVE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 05/28/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

			Survey History
Survey ID: 0097059	End Date: 05/26/2006	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0093770	End Date: 12/14/2004	Type: OTHER	Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0092658	End Date: 05/21/2004	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CEI			

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